



PETITION FOR EXTENSION OF TIME FOR AN INCOMPLETE GRADE

Before completing this form, carefully review the Incomplete section of the Grade and Examination Requirements policies at gsas.harvard.edu/degree-requirements/grade-and-examination-requirements.

GSAS students must register for a minimum of 4 courses or 16 credits.

Name (Last, First, Middle Initial): _____

HUID: _____ **Email:** _____

Academic department: _____

Course title & number: _____ **Catalog number:** _____

Term of enrollment: Fall / Spring (select one)

Reason for request:

Work will be completed by: _____ / _____ / _____ (mm/dd/yyyy)

Student Signature: _____

Date: _____

DGS Signature: _____

Date: _____

Print DGS Signature: _____

Instructor's signature: _____

Date: _____

(must be course head not TF or TA)

Print Instructor's name: _____

GSAS Office of Student Affairs: _____

Date: _____

PLEASE RETURN ALL MATERIALS TO:

Office of Student Affairs by email (studaff@fas.harvard.edu) or by mail to:

Office of Student Affairs

The Graduate School of Arts and Sciences, Harvard University

1350 Massachusetts Avenue, Suite 350

Cambridge, MA 02138

If you have further questions about this form, please contact the Office of Student Affairs at 617-495-1814 or studaff@fas.harvard.edu.